

Exhibit B

TRANSMISSION VERIFICATION REPORT

TIME : 10/13/2015 15:48
NAME :
FAX : 2123328301
TEL : 2123328300
SER.# : 000F8N596083

DATE, TIME	10/13 15:47
FAX NO./NAME	918594253379
DURATION	00:00:54
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM



Member Complaint and Appeal Form

NOTE: Completion of this form is voluntary. To obtain a review, you or your authorized representative may also call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the address listed at the end of your Explanation of Benefits (EOB) or other correspondence received from Aetna.

Please provide the following information for the primary Insured/Member.
(This information may be found on the front of your ID card.)

Today's Date October 13, 2015	Member's ID Number W2072 75663	Plan Type <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental	Member's Group Number (Optional) 708462-010-00701
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Member's First Name William	Member's Last Name Dunnegan	Member's Birthdate (MM/DD/YYYY) 04/15/1958
Member's E-mail Address wd@Dunnegan.com		

Please provide the following information for the person you are submitting the request for.

First Name Jacqueline	Last Name Fisher	Birthdate (MM/DD/YYYY) 11/04/1955
Relationship to person requesting the appeal: <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____		
Note: If your selection is spouse, child (18 years of age or older) or other, please complete and include the attached Authorized Representative Form with your request.		
Please advise if the appeal is related to: <input type="checkbox"/> Pre-Service <input checked="" type="checkbox"/> Post Service		

To help Aetna review and respond to your request, please provide the following information.
(This information may be found on correspondence from Aetna.)

Claim ID Number (If Post Service selected above.) See Exhibit A	Reference Number (If Pre-Service selected above.) N/A	Service Date (If Post Service insert date of services, if Pre-Service insert date of denial.) See Exhibit A
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Explanation of Your Request (Please use additional pages if necessary.)

For claims 25, 35, 42, 49 and 60 on Exhibit A, Aetna should have paid the difference between the cost of the generic for Effexor and the \$10 copay for the generic. For claim 66 and continuing through the end of the year, Aetna should have paid 100% because the individual met her individual out of pocket limit by that time.

Member's Signature

Note: When submitting this form with your request please include: - Bills and/or correspondence for these services.
- Any other helpful information.

You may mail your request to:

**Aetna
PO Box 14463
Lexington, KY 40512**

Or use our National Fax Number: 859-425-3379CRTM

2015 Aetna

Claim No.	Date	Claim type	paid out-of-pocket	Person	Out Network
1	1/6/2015	Pharmacy	10.00	JF	
2	1/6/2015	Pharmacy	10.00	JF	
3	1/10/2015	Pharmacy	10.00	JF	
4	1/15/2015	Pharmacy	9.91	JF	
5	1/17/2015	Pharmacy	12.82	JF	
6	1/25/2014	Pharmacy	117.91	JF	
7	1/26/2015	Pharmacy	551.86	JF	
8	2/9/2015	Pharmacy	12.77	JF	
9	2/10/2015	Pharmacy	12.17	JF	
10	2/10/2015	Medical		JF	225
11	2/16/2015	Pharmacy	9.41	JF	
12	2/20/2015	Pharmacy	12.08	JF	
13	2/20/2015	Pharmacy	19.95	JF	
14	2/25/2015	Pharmacy	540.11	JF	
15	3/6/2015	Pharmacy	115.03	JF	
16	3/13/2015	Pharmacy	12.17	JF	
17	3/14/2015	Pharmacy	12.27	JF	
18	3/27/2015	Pharmacy	9.41	JF	
19	3/27/2015	Pharmacy	540.11	JF	2017.98 individual De
20	3/27/2015	Pharmacy	12.08	JF	
21	4/3/2015	Pharmacy	137.76	JF	
22	4/8/2015	Pharmacy	19.95	JF	
23	4/13/2015	Pharmacy	12.17	JF	
24	4/14/2015	Pharmacy	12.27	JF	
25	4/24/2015	Pharmacy	540.11	JF	
26	4/24/2015	Medical	14.99	JF	
27	4/27/2015	Medical	376.62	JF	
28	4/27/2015	Pharmacy	12.08	JF	
29	4/27/2015	Pharmacy	9.41	JF	
30	4/29/2015	Medical	12.38	JF	
31	5/4/2015	Pharmacy	90.61	JF	
32	5/12/2015	Medical		JF	225
33	5/13/2015	Pharmacy	10.00	JF	
34	5/19/2015	Pharmacy	10.00	JF	
35	5/27/2015	Pharmacy	540.11	JF	
36	5/29/2015	Pharmacy	12.08	JF	
37	5/29/2015	Pharmacy	9.41	JF	
38	6/1/2015	Pharmacy	68.88	JF	
39	6/8/2015	Pharmacy	10.00	JF	

40	6/11/2015	Pharmacy	10.00	JF	
41	6/17/2015	Pharmacy	10.00	JF	
42	6/26/2015	Pharmacy	590.97	JF	
43	6/29/2015	Pharmacy	9.41	JF	
44	6/29/2015	Pharmacy	68.88	JF	
45	7/1/2015	Pharmacy	6.04	JF	
46	7/11/2015	Pharmacy	10.00	JF	
47	7/13/2015	Medical	0.00	JF	
48	7/21/2015	Pharmacy	10.00	JF	
49	7/27/2015	Pharmacy	590.97	JF	
50	7/27/2015	Pharmacy	68.88	JF	
51	7/27/2015	Pharmacy	9.41	JF	
52	8/4/2015	Pharmacy	8.88	JF	
53	8/9/2015	Pharmacy	10.00	JF	
54	8/12/2015	Pharmacy	10.00	JF	
55	8/24/2015	Pharmacy	10.00	JF	
56	8/25/2015	Medical	5.51	JF	
57	8/26/2015	Medical		JF	225
58	8/28/2015	Pharmacy	68.88	JF	
59	8/28/2015	Pharmacy	9.41	JF	
60	8/31/2015	Pharmacy	590.97	JF	
			Individual Out of Pocket		6027.1
61	9/1/2015	Medical	21.35	JF	
62	9/9/2015	Pharmacy	8.88	JF	
63	9/10/2015	Pharmacy	10.00	JF	
64	9/23/2015	Pharmacy	68.88	JF	
65	9/28/2015	Pharmacy	10.00	JF	
66	9/28/2015	Pharmacy	590.97	JF	
Total			6737.18		